

555 Wright Way Carson City, NV 89711 Reno/Sparks/Carson City (775) 684-4DMV (4368) Las Vegas Area (702) 486-4DMV (4368) Rural Nevada (877) 368-7828

Fax: (775) 684-4829 Website: www.dmvnv.com

REPORT OF TRAFFIC ACCIDENT

This form needs to be completed (NRS 484.229):

LOCATION WHERE THE ACCIDENT OCCURRED:

- When an accident was NOT investigated at the scene by law enforcement
- ONLY if damage occurred in excess of \$750 to any one person or if the accident resulted in an injury or death
- Within 10 days of the accident.

Instructions:

Please complete all sections. If you do not have the information requested in an area, write "Unknown". Please sign the completed form and return it to the DMV at the above address. Failure to submit this form may result in the suspension of your driving privilege for up to one year.

This form cannot be accepted or processed unless ALL information is completed for ALL DRIVERS in areas provided below. Plate number only will not be accepted.

10.	Driver 1-	Pedestrian 2-	Parked Vehicle 3-	Pedal Cyclist 4-	Other 5-	No. 2	Driver 1-	Pedestrian 2-	Parked Vehicle 3-	Pedal Cyclist 4-	Othe 5-
ame (<i>Las</i>	t, First, Mia	dle)				Name (La	st, First, Mid	dle)			
treet Addr	ress		City	State	Zip	Street Add	dress		City	State	Ziţ
river Licer	nse No. and	d State		Soc. Sec. No.		Driver Lice	ense No. and	l State		Soc. Sec. No.	
cense Pla	ate No. and	State	Year and make			License P	late No. and	State	Year and make		
ody Type			Vehicle ID No.			Body Type	<u>a</u>		Vehicle ID No.		

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Date and time of	f accident:								
Date	Day o	f Week		Time					
If you answer "\	es", please explain in the spac	e provided:							
Yes No Was there damage to property other than the vehicle? Describe:									
									
	Property Owner's Name:								
	Property Owner's Address:								
Please write a b	orief description of the accident:								
	NFORMATION: ATTACH A is necessary to verify that the verifical that the v	COPY OF YOUR I			nce was not in effect on				
	ccident, your driving privilege ar								
	7,	,	·		, ,				
Policy No:		Policy effective fro	m:	to:					
ESTIMATE OF				_					
	repairs or a statement of tota 0.00. Void if not attached.	il loss must be att	ached if there	was damage to a	vehicle or property in				
excess of \$750	void ii fiot attached.								
PERSONAL IN	IIIRV								
	rred, a doctor's statement of i	njury MUST be at	ached. Attach	doctor's statement	for each individual that				
	our vehicle. Void if not attached								
Driver		Passenger							
2		. 0.000go.							
Name			Age	Sex					
Street Address	City		tate Zip	Pelationshi	p to Driver of Your Vehicle**				
Street Address	City	3	late Zip		wife, son, daughter, etc.				
Nature and Extent of Injur	ies		,						
By completing	this form, you are authorizing	the Department of	Motor Vohicles	e to rologeo vour n	amo mailing addross				
	information to the other parti	<u>-</u>		_	ame, maining address,				
	•								
SIGNATURE:	all statements made in this rep	ort are true. Lagra	e and understa	and any nerson who	o completes this report				
	ing reason to believe the inform								
-	-	3	- -	·	,				
Signature:				Date:					

ACCIDENT INFORMATION:

*** VOID IF NOT SIGNED ***

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